

State of Minnesota

County _____

Conciliation Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Plaintiff #1

Name _____

Address _____

City/State/Zip _____

VS.

Defendant #1

Name _____

Address _____

City/State/Zip _____

Plaintiff #2

Name _____

Address _____

City/State/Zip _____

VS.

Defendant #2

Name _____

Address _____

City/State/Zip _____

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T**Demand for Removal/Appeal From Conciliation Court to
District Court and Affidavit of Good Faith**

State of Minnesota)

) SS

County of _____)

To _____ the above named ☐ plaintiff ☐ defendant.

_____, states:

(Appellant or Attorney)

That the appealing party is aggrieved by the judgment in Conciliation Court and hereby demands the removal of the above case from Conciliation Court to the District Court for trial De Novo (new trial) by ☐ court ☐ jury.

AND

That this appeal is made in good faith and not for the purpose of delay.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Dated: _____

Signature of Attorney or the Party if pro se

If appealing party is a corporation, the party's attorney must sign

Name of Attorney, or party if pro se:

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____

State of Minnesota

County

Conciliation Court

Judicial District: _____

Court File Number: _____

Case Type: _____

State of Minnesota)
) SS
 County of _____)

Affidavit of Service

_____, state the following:

I am at least eighteen (18) years of age and not a party to the above-entitled matter. On
 (date) _____ I served the attached Demand for Removal/Appeal From Conciliation
 Court to District Court and Affidavit upon _____ by:

(Name of opposing party served or opposing party's lawyer)

Check one:

☐ (Service by First Class Mail) Placing in an envelope a true and correct copy of each document
 addressed to _____ at _____ in the City
 of _____, State of _____, Zip Code _____ and
 depositing the envelope, with sufficient postage, in the United States Mail at the Post Office
 located in the City of _____, in the State of _____.

☐ (Personal Service) Personally by handing to and leaving with him/her a true and correct copy.

☐ (Substituted Personal Service) At his/her usual abode at _____
 (Street, City, State)
 by handing to and leaving a true and correct copy with _____
 a person of suitable age, (eighteen (18) years or older) and discretion who also resides at that
 address.

☐ (Personal Service on a Corporation or a Partnership) Personally delivering true and correct copy to:

☐ Agent authorized to receive service of Process:

(Name of agent served)

☐ Officer, Managing Agent, or Member of the entity:

(Name and title of person served)

I declare under penalty of perjury that everything I have stated in this document is true and
 correct. Minn. Stat. § 358.116.

Signature of person who served papers